



Beyond what's required

2023 Health Plans for **Oregon Small Groups** | 1–50





PacificSource Health Plans is a
not-for-profit community health plan.

We don't answer to shareholders but
to members, providers, producers, and
employers—the people who depend
on our products and services.



Here to **help**

Since our founding in 1933, we've learned a lot about keeping members and employers satisfied. Year in and year out, we've invested in the relationships and technologies that mean a better experience for all.

Our staff is right here in the Northwest. We answer member calls in less than 30 seconds on average, according to internal call reports. And we're committed to doing what it takes to keep clients happy.

98%

That's our average employer satisfaction rating, based on surveys conducted March 2021 – February 2022. The remaining 2%? We're working on it.

Benefits that go beyond what's required



Expanded telehealth coverage

Members can see a doctor without leaving home. Your employees get the care they need, where and when they need it.



No referrals required with any plan

Our plans don't require members to visit a primary care doctor before seeing a specialist. (Some specialists may have their own referral requirements.)



No-cost preventive care and preventive drugs

We're pleased to offer \$0 copays on:

- Well-baby and well-child care
- Annual checkups
- Prenatal consultations
- Preventive mammograms and colonoscopies
- Immunizations
- Dozens of preventive drugs—including 82 more than the law requires on most plans



Human service

No automated phone trees or offshore call centers





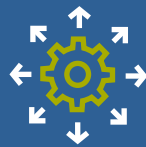









Client service that **puts you first**

You'll have a dedicated representative who's focused on you, your plan details, and helping you control costs.

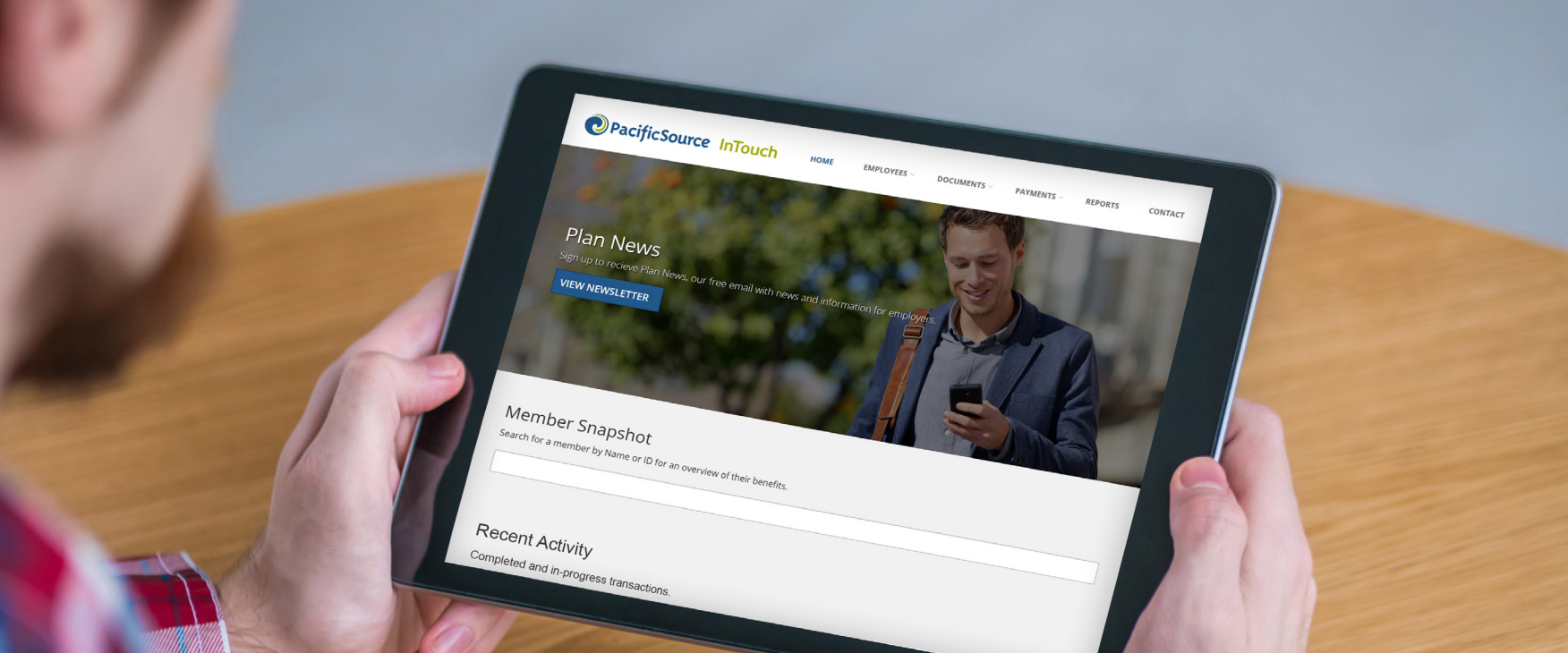
PacificSource Health Plans covers more than **234,000** members and their families in the Greater Northwest.

Our business clients include companies working in a variety of industries.
That's experience we can leverage to help you.

			
Manufacturing	Construction	Education	Legal
			
Wholesale Supply	Medical	Retail	Restaurants
			
Banking	Agriculture	Nonprofit	Transportation

Source: monthly enrollment report, March 2022





InTouch puts you in charge



Manage employee benefits from your computer, phone, or tablet, 24/7.

You'll have employer-only access to all your insurance information through our secure online portal.

With InTouch for Employers you can:

Easily pay your bill

View statements, pay online, and review payment history.

Run reports

Know who and how many employees are covered.

Get info on demand

See benefit summaries, your contract, handbooks, and more.

Manage enrollment status

Easily add, update, and delete employee information.

ID cards

Request ID cards or print them on demand.

Keep in touch

Easy-to-find contact information for your PacificSource representatives.

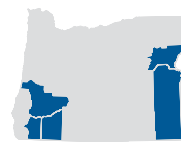


A statewide network of healthcare professionals and facilities—the doctors and hospitals employees want

In Oregon, the Voyager network includes:

- **Legacy Health**
- **Legacy Health Partners**
- **OHSU Health**
- **Central Oregon Independent Practice Association**
- **McKenzie-Willamette Medical Center**
- **PeaceHealth**
- **Providence Medical Group** in Ashland, Central Point, Eagle Point, Grants Pass, and Medford
- **St. Charles Health System**
- **Asante Health**
- **Saint Alphonsus Health System**

Voyager gives members access to thousands of independent practitioners, including acupuncture, chiropractic, and naturopathic care providers. Voyager also offers out-of-network benefits for greater freedom and choice.

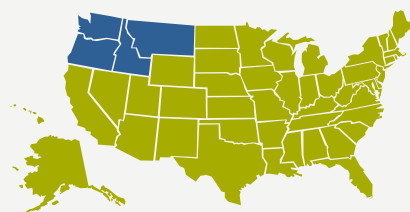


Voyager is available for purchase by businesses located in the following counties: Baker, Jackson, Josephine, and Malheur

In-network, nationwide

Outside the Northwest?

With **Voyager**, your in-network coverage goes with you thanks to partnerships with **First Health®** and **First Choice Health.™**



- Our four-state provider network
- Provider networks through **First Health®** and **First Choice Health.™** (Alaska)

	DEDUCTIBLE		OUT OF POCKET MAX	
	In-Net.	Out-of-Net.	In-Net.	Out-of-Net.
Medical, Rx, and Vision	\$000	\$0000	\$0000	\$00000

MEDICAL BENEFITS, PRIOR AUTHORIZATION, & ELIGIBILITY:
 Members: 555-555-5555 | CS@PacifiSource.com
 Providers: 555-555-5555 | CS@PacifiSource.com
 DENTAL: 555-555-5555 | Dental@PacifiSource.com
 24-HOUR NURSELINE: 855-834-6150
 PHARMACISTS: 844-834-6150 | Fax 541-225-3665

Verify benefits at InTouch.PacifiSource.com
 PacificSource Health Plans | PO Box 7068, Springfield, OR 97475-0068
 This card is not an authorization for services or a guarantee of payment.

OHSU Health
Legacy Health
Advantage Dental
First Choice Health
First Health

2023 Oregon | Voyager Small Group Medical Plans

																								HSA-QUALIFIED PLANS												OREGON STANDARD PLANS							
Platinum 500^		Gold 1000^		Gold 2000^		Gold 2500^		Gold 3500^		Silver 3500		Silver 4500^		Silver 5500^		Silver 6500^		Bronze 8150		Bronze 9100		Gold HSA 3000		Silver HSA 3000		Silver HSA 4800		Silver HSA 5500		Bronze HSA 7050		Standard Gold		Standard Silver		Standard Bronze							
IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK								
Deductible Individual / Family	\$500 / \$1,000	\$5,000 / \$10,000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,500 / \$7,000	\$5,000 / \$10,000	\$3,500 / \$7,000	\$10,000 / \$20,000	\$4,500 / \$9,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$6,500 / \$13,000	\$10,000 / \$20,000	\$8,150 / \$16,300	\$10,000 / \$20,000	\$9,100 / \$18,200	\$10,000 / \$20,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$4,800 / \$9,600	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$7,050 / \$14,100	\$10,000 / \$20,000	\$1,800 / \$3,600	\$5,000 / \$10,000	\$4,800 / \$9,600	\$7,500 / \$15,000	\$8,800 / \$17,600	\$10,000 / \$20,000					
Out-of-Pocket Maximum Individual / Family	\$4,000 / \$8,000	\$7,500 / \$15,000	\$7,000 / \$14,000	\$7,500 / \$15,000	\$6,500 / \$13,000	\$7,500 / \$15,000	\$6,500 / \$13,000	\$7,500 / \$15,000	\$6,500 / \$13,000	\$7,500 / \$15,000	\$9,100 / \$18,200	\$15,000 / \$30,000	\$9,100 / \$18,200	\$11,250 / \$22,500	\$9,100 / \$18,200	\$11,250 / \$22,500	\$9,100 / \$18,200	\$15,000 / \$30,000	\$8,150 / \$16,300	\$15,000 / \$30,000	\$9,100 / \$18,200	\$15,000 / \$30,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$7,050 / \$14,100	\$10,000 / \$20,000	\$4,800 / \$9,600	\$11,250 / \$22,500	\$5,500 / \$11,000	\$11,250 / \$22,500	\$7,050 / \$14,100	\$15,000 / \$30,000	\$7,300 / \$14,600	\$7,500 / \$15,000	\$9,100 / \$18,200	\$11,250 / \$22,500	\$8,800 / \$17,600	\$15,000 / \$30,000					

Preventive Services	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	
Preventive Drug Coverage	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Only for drugs on the Standard Preventive No-Cost Drug List (Affordable Care Act) In Network: Covered in Full. Out of Network: 90% after deductible.				
Accident Benefit	Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Not Covered		Not Covered		Not Covered		

Office Visits Primary (including behavioral health), Urgent Care, and Specialist	Primary/ Urgent: \$10 no deductible Specialist: \$20 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible Specialist: \$75 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible Specialist: \$75 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible Specialist: \$75 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible Specialist: \$75 no deductible	50% after deductible	Primary/ Urgent: \$50 no deductible Specialist: \$100 no deductible	50% after deductible	Primary/ Urgent: \$40 no deductible Specialist: \$80 no deductible	50% after deductible	Primary/ Urgent: \$35 no deductible Specialist: \$70 no deductible	50% after deductible	Primary/ Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/ Urgent: \$35 no deductible Specialist: 0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	Primary: \$20 no deductible Urgent: \$60 no deductible Specialist: \$40 no deductible	50% after deductible	Primary: \$40 no deductible Urgent: \$70 no deductible Specialist: \$80 no deductible	50% after deductible	Primary: \$50 no deductible Urgent: \$100 no deductible Specialist: \$100 no deductible	50% after deductible
Telehealth	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	\$20 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$50 no deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible
Lab / X-ray	20% no deductible	50% after deductible	30% no deductible	50% after deductible	30% no deductible	50% after deductible	30% no deductible	50% after deductible	30% no deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	\$10 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	\$20 no deductible if provided in an office setting	50% after deductible	\$40 no deductible if provided in an office setting	50% after deductible	\$50 no deductible if provided in an office setting	50% after deductible
Outpatient surgery	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency Services	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	40% after deductible	40% after deductible	\$250 plus 35% after deductible	\$250 plus 35% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12	\$10 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$50 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$35 no deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	\$20 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$50 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$5 no deductible Tier 2: \$15 no deductible Tier 3 & 4: 20% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 40% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 35% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	0% after deductible	90% after deductible	0% after deductible	90% after deductible	0% after deductible	90% after deductible	20% after deductible	90% after deductible	0% after deductible	90% after deductible	0% after deductible	90% after deductible	0% after deductible	90% after deductible	Tier 1: \$10 no deductible Tier 2: \$30 no deductible Tier 3: 50% no deductible Tier 4: 50% no deductible, \$500 max per script	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 50% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2, 3, & 4: 0% after deductible	90% after deductible

^Adult vision included on this plan.
Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. This is a brief summary. Contact us at OregonSales@PacificSource.com or go to [PacificSource.com](https://www.pacificsource.com) for details or to see a plan's Summary of Benefits.
Accessibility help: for assistance reading this table or the rest of the document, please call us at **888-977-9299**, TTY: 711. We accept all relay calls.

Decide on dental



Good dental health can lead to better overall health.

You can group our dental plans with your health plans, or select dental-only.

Dental options to fit your company's needs

Our Dental Choice and Choice Plus plans allow your employees to visit any dental provider, while our Dental Advantage plans feature different benefit levels for in- and out-of-network dental visits.

With our Voluntary Dental option, your employees pay the full premium as if they were buying their own dental plan, but they get benefits that typically come with a group plan.

Voluntary Dental is available with our non-Plus plans to groups with 10 or more enrolled employees. Additional guidelines and requirements apply.

2023 Oregon | Small Group Dental Plans

	Dental Choice 0-20-50 50-1000	Dental Choice Plus 0-20-50 25-1000 or 0-20-50 25-1500	Dental Choice Plus 0-20-50 50-1000 or 0-20-50 50-1500	Dental Advantage Core		Dental Advantage 20-20-50 1000 or 20-20-50 1500		Dental Advantage 0-20-50 1000 or 0-20-50 1500		Dental Advantage Plus 0-20-50 1000 or 0-20-50 1500		Kids Dental Advantage 0-20-50 or 20-40-50 <small>(coverage for members age 18 and under)</small>	
	No network needed	No network needed	No network needed	Advantage Network		Advantage Network		Advantage Network		Advantage Network		Advantage Network	
Group Size Required for Standalone Policy	1+	1+	1+	1+		1+		1+		1+		1+	
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Annual Deductible <small>Individual/Family</small>	\$50 / \$150	\$25 / \$75	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150
Annual Maximum Benefit <small>Per person, age 19 and older</small>	\$1,000	\$1,000 or \$1,500	\$1,000 or \$1,500	\$500 on Class II services		\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500		N/A	
Pediatric Out-of-Pocket Maximum <small>Individual/Family, age 18 and younger</small>	\$375 / \$750	\$375 / \$750	\$375 / \$750	\$375 / \$750	N/A	\$375 / \$750	N/A	\$375 / \$750	N/A	\$375 / \$750	N/A	\$375 / \$750	N/A
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
Class I Services	Covered in full	Covered in full	Covered in full	Covered in full	20%	20%	20%	Covered in full	20%	Covered in full	20%	Covered in full or 20%	20%
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20% or 40%	20% or 50%
Class III Services	50%	50%	50%	50% (age 19+ not covered)	50% (age 19+ not covered)	50%	50%	50%	50%	50%	50%	50%	50%
Exclusion Period <small>Per person, age 19 and older</small>	Class III: 12 months	None	None	Class II: 6 months		Class III: 12 months		Class III: 12 months		None		None	
Cosmetic Orthodontia*	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	N/A		Optional; \$1,000 Lifetime Max		Optional; \$1,000 Lifetime Max		Optional; \$1,000 Lifetime Max		N/A	

Plan names explained: Advantage—PPO-style plans | Choice—Indemnity plans | Plus—No exclusion periods

*Additional eligibility requirements may apply.
This is a brief summary. For more details, contact us at OregonSales@PacificSource.com or search small group plans at [PacificSource.com](https://www.pacificsource.com). Accessibility help: for assistance reading this table or the rest of the document, please call us at 888-977-9299, TTY: 711. We accept all relay calls.

What's covered?



Here is a brief list of services and treatments most commonly asked about. Go to [PacificSource.com](https://www.pacificsource.com) to get all the details.

Class I: Preventive Services

- Exams and x-rays
- Dental cleanings (prophylaxis or periodontal maintenance)
- Fluoride applications
- Sealant on bicuspid and permanent molars (kids through age 18 only)
- Brush biopsies

Class II: Basic Services

- Simple extractions
- Periodontal scaling and root planing and/or curettage
- Full mouth debridement
- Fillings, including composite
- Complicated oral surgery
- Endodontic (pulp therapy and root canal therapy)
- Periodontal surgery

Class III: Major Services

- Full, immediate, or overdentures
- Crowns and bridges
- Child orthodontia (medically necessary only; all plans; kids through age 18)

Cosmetic Orthodontia

- Available to groups with 26-50 enrolled employees
- Available with any dental plan purchased direct through PacificSource (except Core and Kids plans)
- \$1,000 lifetime max, 12-month wait period; wait period reduced or eliminated with prior orthodontia coverage

Focus on vision



Our vision plans focus on wellness and prevention.

Vision for kids

All of our medical plans include full coverage for in-network pediatric eye exams. Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. Pediatric vision hardware is covered in full up to \$150. After that, it's subject to an in-network deductible and then a cost share fee up to 50%, depending on the plan.

Vision for adults

All of our medical plans include coverage for adult eye exams, and many include coverage for vision hardware such as eyeglasses or contacts. Please see the Plan Comparison chart following page 6 for differences among plans.

For more details on our vision benefits, please contact your broker or our team at the contact information listed on the back of this brochure.

Choose **one plan, or more**



All our plans are designed to help members feel well and stay healthy, including benefits for preventive care, \$0 annual physicals, and most vaccinations.

Right Fit

Our Right Fit options let your employees choose the premium and coverage that suit them best.

- Employees may choose from two to four different products.
- There's no minimum enrollment, but the number of plans you offer can't exceed the number of enrolling employees.
- Employees can change products during open enrollment.
- Minimum employer contribution: 50% employee/0% dependents of your lowest-cost plan.

Underwriting guidelines apply.

HSA

Health Savings Accounts (HSA) are a win-win

HSA-qualified plans help employees save money for healthcare expenses, such as deductibles and coinsurance. They also help employers save premium dollars—and your contributions to HSA accounts are exempt from payroll taxes.

HRA

Health Reimbursement Arrangements (HRA) to combat costs

With an HRA, you reimburse some of your employees' medical expenses. You control how much to contribute and which types of expenses are eligible. And if you choose PacificSource Administrators, Inc., they can take care of claims filing and reimbursement through Easy Pay.

At a glance, your PacificSource coverage includes:



No-cost wellness programs to encourage employee fitness, nutrition, and behavioral health



Education reimbursement up to \$150 for health and wellness classes



Pediatric vision benefits with all plans, and adult vision on a select few



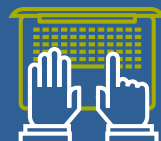
No-cost care management for chronic conditions



Affordable fitness center access from our partner, Active&Fit Direct™



Prenatal program for expectant parents



Easy online access for you and your employees



\$500 accident benefit for covered services due to an accident outside of work



Home delivery of prescriptions—up to a 90-day supply



24-Hour NurseLine at no cost



Worry-free travel with global emergency services from Assist America®

Additional benefits are not considered insurance.

Next steps:



Choose a health plan or plans

Shop online at
PacificSource.com/shop-plans/employers/small-group



Decide on dental



Enroll

Contact your broker
or call us at
866-797-2312, TTY: 711
We accept all relay calls

We're here to help.

We know that each step may require guidance,
so please contact us with any questions.

Monday through Friday from 8:00 a.m. to 5:00 p.m.

Phone: 866-797-2312

TTY: 711. We accept all relay calls.

Portland: PortlandSales@PacificSource.com

Bend: BendSales@PacificSource.com

Springfield: SpringfieldSales@PacificSource.com

Medford: MedfordSales@PacificSource.com

PacificSource.com
